

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator Alpha Twenty-One Production Company	
Address 2100 First National Bank Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE					
Lease Name El Paso - Plant	Well No. 1	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Fee	State State	Lease No. B-1167
Location Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>					
Line of Section <u>32</u> Township <u>23S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County					

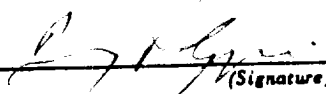
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

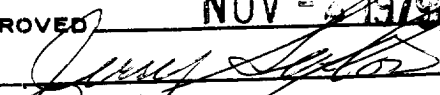
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-27-79	Date Compl. Ready to Prod. 10-18-79	Total Depth 3300	P.B.T.D. 3281					
Elevations (DF, RKB, RT, GR, etc.) 3305.8 Ground Level	Name of Producing Formation Yates-Seven Rivers	Top Oil/Gas Pay 3002	Tubing Depth 3179					
Perforations 3002, 3008, 3014, 3020, 3028, 3035, 3044, 3051, 3058, 3067, 3108, 3114, 3120, 3127, 3134, 3140, 3172	Depth Casing Shoe 3300							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	418'	300 Circulated					
7-7/8"	5-1/2"	3,300'	705 Circulated					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D 180	Length of Test 24 Hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate N/A
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (shut-in) 110	Casing Pressure (shut-in) 150	Choke Size 32/64

VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
 (Signature)	
Executive Vice President (Title)	
 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>NOV - 2 1979</u> , 19	
BY 	
TITLE <u>SUPERVISOR DISTRICT I</u>	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	